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To: Commissioner for Patents	From:	Kathy Manke
Serial No. 09/832,750	Our Ref.:	CABL02USU1
Group Art Unit: 2616	Fax No.:	<u>(970) 492-1101</u>
Examiner: Jamieson Fish	Phone No.:	<u>(970) 492-1100</u>
Confirmation No. 3268	Total Pages:	10 (Inc. cover sheet)
Customer No. 27479	Return Fax To:	Kathy Manke
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PTO/SB/21 (09-04)

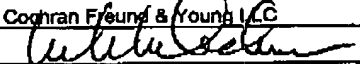
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/832,750
	Filing Date	Apr 10, 2001
	First Named Inventor	Chelehmaj, Majid
	Art Unit	2616
	Examiner Name	Jamieson W. Fish
	Attorney Docket Number	CABL02US01
Total Number of Pages in This Submission		9

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment B/ Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Cochran Freund & Young LLC		
Signature			
Printed name	William W. Cochran		
Date	July 18, 2005	Reg. No.	26652

CERTIFICATE OF TRANSMISSION			
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JUL 18 2005

Inventors: Majid Chelehmal

Examiner: Jamieson Fish

Serial No.: 09/832,750

Group Art Unit: 2616

Filed: 10 April 2001

Docket: Cabl.02USU1

Title: ON-DEMAND DATA SYSTEM

Confirmation No. 3268

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT B

Dear Sir:

In response to the Final Office Action dated May 20, 2005, please amend the above-identified application as follows:

AMENDMENTS TO THE CLAIMS are reflected in the listing of claims, which begins on page 2 of this paper.

REMARKS begin on page 6 of this paper.